

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103591

1. Entity Name

METROPOLITAN HOME INSPECTION, INC.

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90052 044 ***158.75

Principal Place of Business

310 FERDINAND DR
LONGWOOD FL 32750

Mailing Address

310 FERDINAND DR
LONGWOOD FL 32750

2. Principal Place of Business

310 FERDINAND DRIVE

3. Mailing Address

310 FERDINAND DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LONGWOOD, FL

City & State
LONGWOOD, FL

4. FEI Number
59-3692260

Applied For
Not Applicable

Zip Country
32750 SEMINOLE

Zip Country
32750 SEMINOLE

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEECE, JAMES E JR
310 FERDINAND DR
LONGWOOD FL 32750

Name JAMES E FEECE JR

Street Address (P.O. Box Number is Not Acceptable)
310 FERDINAND DRIVE

City LONGWOOD FL Zip Code 32750

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *James E Feece Jr*

(NOTE: Registered Agent signature required when reinstating)

DATE 2/1/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT FEECE, JAMES E JR 310 FERDINAND DR LONGWOOD FL 32750 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James E Feece Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01 (407) 830-7072
Date Daytime Phone #

CR2E034 (10/00)